

**MILTON KEYNES Clinical Commissioning Group
Prescribing Group**

Janet Corbett (JC)
Helen Chadwick (HC)
Nikki Woodhall (NW)
Nigel Fagan (NF)
Edward Sivills (ES)
Fatima Mohri (FM)
Richard Simpson (RS)

Head of Prescribing & Medicines Management, CCG
Clinical Director of Pharmacy, MKUHFT
Senior Medicines Management Technician, CCG
GP, Red House Surgery
GP, CMK Medical Centre
GP, Newport Pagnell Medical Centre
GP, Parkside Medical Centre

Geena Kirpalani (GK)
Bhervi Patel (BP)
Nadia Emmony (NE)
CNWL Nurse Rep
Aarti Shah (AS)

GP, MKUCS
Community Pharmacist
Patient Representative/Healthwatch
Non-Medical Prescriber / Nurse Rep (rotate)
NHSE Pharmacist

Sharon Wilmore

Minutes, MKCCG

c.c. Dupe Fagbenro (DF)
Adam Staten (AS)

Formulary Pharmacist, MKUHFT
Federation GP (for information)

**Minutes of the Prescribing Group Meeting held on
Wednesday 7th November 2018**


	Present	Action
	<p>Janet Corbett Fatima Mohri Edward Sivills Nikki Woodhall Nadia Emmony Aarti Shah Geena Kirpalani Richard Simpson Sharon Wilmore Bhervi Patel</p>	
1.	Welcome, apologies and introductions	
	Apologies received from Nigel Fagan. JC chaired this meeting in NF absence.	
2.	Acknowledgement of declaration of any other business	
	None	
3.	Notes of previous meeting	
	The minutes from 5 th September 2018 were signed by JC as an accurate record of the meeting.	
4.	Matters Arising from previous meeting	
	<p><i>4.1 Edoxaban – implementation</i> This was due to be signed off at the MKPAG meeting at the end of September. Unfortunately, before that meeting there was a letter from MKUH Medical Director and this therefore delayed a decision. A new round table meeting for stakeholders has been set for 21st November to discuss further. This issue has been escalated to the CCG Finance Team as this affects QIPP targets set for this year.</p>	
	<p><i>4.2 OptimiseRx Emollients message</i> The national emollient message has reduced the age range down to 6 instead of 12 and added in criteria to help ensure it triggers appropriately. This message has been turned on. There have been no negative comments received to date.</p>	
	<p><i>4.3 COPD Guidance – Triple therapy inhalers</i> The guidance was taken to the September MKPAG along with applications for Trimbrow and Trelegy inhalers and it was agreed to put the triple therapy inhalers onto the MK Formulary as Amber 1 – after specialist recommendation.</p>	

	<p>Some minor tweaks were requested to be made to the guidance and it would then go out to the practices. However following the meeting the hospital pharmacy have requested further changes including format to the guidance so this has now stalled. The triple therapy inhalers will remain as Double Red until the guidance is signed off.</p> <p>It was requested that any relevant information be sent to Maxine at Healthwatch for them to include in their newsletter.</p>	
5.	Eclipse RADAR update	
	<p>This project is now on the move again and all practices have signed up. 17 practices have had their data extracted over the last weekend and the Practice Managers have been sent emails to set up login details. Hopefully the remaining practices will be set up over the next few weeks.</p> <p>The plan is to have the go-live date from 1st December 2018 and Nikki will monitor the data and suggested to bring an overview to the next Prescribing Group meeting. This was agreed.</p>	NW
6.	Ideas for Prescribing Incentive Scheme 2019-20	
	<p>After a long discussion whether there was still merit in having an incentive scheme, it was agreed there was and continuing with an incentive scheme helps to focus on areas of prescribing and prevent fall back on the achievements made to date.</p> <p>It was agreed that the deadline for submissions of reviews is to be changed from 31st May 2020 to 30th April 2020.</p> <p>There was a suggestion about retaining some money to employ pharmacy staff to work on the scheme for them – there were reservations about this suggestion as there would be no learning process for the whole practice.</p> <p>Targets:</p> <ul style="list-style-type: none"> • <i>Antibiotics</i> – this has been a success to help with National antibiotic agenda - agreed to keep • <i>Cost Effective Program, cost effective brands & Low Value Medicines</i> – agreed to keep these targets (although are quite challenging to meet, acknowledge that these targets help pay for the scheme and also the CCG requirement from NHS England). It was agreed that a different and consistent approach from practices was needed and also to develop some information to go out to the public to improve Self-Care & buying Over-The-Counter preparations. <p>It was suggested to have a new three month focus on smaller chunks and perhaps reduce the target/percentages in line with this. This suggestion will be taken back to the Pharmacy Team for consideration. The NHSE Pharmacist team will also be asked for their ideas via AS.</p> <ul style="list-style-type: none"> • <i>NOAC Review</i> – there is quite a lot of prescribing evidence that use of NOACS is sub-optimal and needs a review. This was an issue that Adam Staten had raised with his recent practice review. It was suggested that we perhaps consolidate our efforts onto one NOAC. • <i>Pain Review</i> – there has been an opioid audit nationally on 120mg or more daily Morphine or equivalent being co-prescribed. It was agreed this target would help obtain the CCG baseline data to help feed into a commissioning of services review. 	JC/NW AS

	<ul style="list-style-type: none"> • <i>Baby Foods</i> – it was agreed to <i>park</i> this item but to get data to get a feel for the overall scale • RADAR alerts – to consider adding in review of Amber and blue alerts. It was agreed to look at how practices were able to deal with the red flags first. <p>An updated scheme will be brought back to the January meeting.</p>	NW/JC
7.	Formulary defaults for S1 (ideas for change)	
	Richard distributed documents (as attached) for discussion and it was agreed to bring this item back to the next meeting.	
9.	MKPAG Update	
	<ul style="list-style-type: none"> • A lot of items were referred back for more work or tweaking so nothing was actually signed off. • Lidocaine patches – it is the view of the Pain Team that far more patients are on lidocaine than they have started. They have agreed to take it out of the pain pathway, seek IFR approval for any new patients and review those on their case load in due course but it will take a while for them to give appointments. The message MUST go to GPs not to stop people under the care of the Pain Clinic until such time as this review has been done. Additionally, if the patch was started by the GP then the GP is responsible for doing the review. If they need help to manage the patient then there needs to be a new referral to pain clinic. • Headache pathway – gained agreement that sodium valproate and topiramate would be included for males only. • There is going to be a review of MKPAG processes in order to streamline the work. 	
10.	Future Agenda items	
	<ul style="list-style-type: none"> • PIS 2019/20 • Formulary Defaults • Eclipse RADAR data 	
13.	Date of Next Meeting	
	<p>Wednesday 9th January 2018 7.30am (Moved to 2nd Wednesday due to holidays) Venue: Boardroom 1, Sherwood Place, Bletchley</p> <p>Apologies received from Bhervi Patel</p>	

Minutes approved as an accurate record by:

(Signature):


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Print Name:

N. F. ACTAR
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Position:


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Date:

9/1/18
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